



The Regulation and  
Quality Improvement  
Authority

Ralphs Close Residential Care Home  
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Clooney Road  
Londonderry  
BT47 6TF

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**Announced Estates Inspection  
of  
Ralphs Close Residential Care Home**

**19 August 2015**

The Regulation and Quality Improvement Authority  
9th Floor Riverside Tower, 5 Lanyon Place, Belfast, BT1 3BT  
Tel: 028 9051 7500 Fax: 028 9051 7501 Web: [www.rqia.org.uk](http://www.rqia.org.uk)

## 1. Summary of Inspection

An announced estates inspection took place on 19 August 2015 from 10.00 to 12.00. Overall on the day of the inspection the premises supported the delivery of safe, effective and compassionate care. Areas for improvement were identified and are set out in the Quality Improvement Plan (QIP) appended to this report. This inspection was underpinned by the Residential Care Homes Minimum Standards 2011.

### 1.1 Actions/Enforcement Taken Following the Last Inspection

Other than those actions detailed in the previous QIP there were no further actions required to be taken following the last inspection.

### 1.2 Actions/Enforcement Resulting from this Inspection

Enforcement action did not result from the findings of this inspection.

### 1.3 Inspection Outcome

	Requirements	Recommendations
Total number of requirements and recommendations made at this inspection	6	1

The details of the QIP within this report were discussed with the Registered Manager, Desy Carton and Choice Housing Association Property Services Officer, Damien Tai as part of the inspection process. The timescales for completion commence from the date of inspection.

## 2. Service Details

<b>Registered Organisation/Registered Person:</b> Western Health and Social Care Trust	<b>Registered Manager:</b> Desy Carton
<b>Person in Charge of the Home at the Time of Inspection:</b>	<b>Date Manager Registered:</b> 1 June 2013
<b>Categories of Care:</b> RC-LD	<b>Number of Registered Places:</b> 16
<b>Number of Residents Accommodated on Day of Inspection:</b> 16	<b>Weekly Tariff at Time of Inspection:</b> Trust rates

## 3. Inspection Focus

The inspection sought to assess progress with the issues raised during and since the previous inspection and to determine if the following standards have been met:

**Standard 27: Premises and Grounds**

**Standard 28: Safe and Healthy working Practices**

**Standard 29: Fire safety**

## 4. Methods/Process

Specific methods/processes used in this inspection include the following:

Prior to inspection the following records were analysed: Previous estates inspection report, statutory notifications over the past 12 months.

During the inspection the inspector met with Desy Carton and Damien Tai.

The following records were examined during the inspection: Copies of service records and in-house log books relating to the maintenance and upkeep of the building and engineering services, legionellae risk assessment, fire risk assessment.

## 5. The Inspection

### 5.1 Review of Requirements and Recommendations from Previous Inspection

The previous inspection of the home was an unannounced care inspection dated 22 July 2015. The care inspector did not make any recommendations or requirements as a result of that inspection.

## 5.2 Review of Requirements and Recommendations from the last Estates Inspection carried out on 15 October 2012

Previous Inspection Statutory Requirements		Validation of Compliance
<b>Requirement 1</b>  Ref: Regulation 14 (2)(c)	Undertake a comprehensive legionellae risk assessment in the home by a competent person in accordance with the requirements of the approved code of practice Control of Legionellae bacteria in water systems (L8) issued by the Health and Safety Commission. This should include an action plan to address all shortcomings as well as the provision of suitable training and instruction to the home's staff on their respective duties.	Met
	<b>Action taken as confirmed during the inspection:</b> Legionellae risk assessment carried out in home, latest review date 10 July 2014. The Property Services Officer explained that a specialist contractor was contracted to carry out routine maintenance and monitoring tasks associated with the control measures scheme outlined in the assessment report. Records presented indicate that staff carry out regular checks to 'sentinel' taps. Other relevant records were not presented. See requirement 6 in attached QIP.	
<b>Requirement 2</b>  Ref: Regulation 27 (2)(q)	Provide confirmation that the home's gas equipment and installation have been checked by a competent person (gas safe registered).	Met
	<b>Action taken as confirmed during the inspection:</b> Records of gas safety checks presented for inspection.	
<b>Requirement 3</b>  Ref: Regulations 14 (2)(c) 27 (2)(q)	Provide confirmation that the home's thermostatic mixing valves have been serviced by a competent person.	Met
	<b>Action taken as confirmed during the inspection:</b> Records of thermostatic mixing valves service checks presented for inspection.	

<b>Requirement 4</b>  <b>Ref:</b> Regulations 27 (4)(c) 27(4)(a)	<p>Carry out checks in liaison with the fire safety adviser / fire risk assessor to ensure that the electrically locked doors operate satisfactorily. The fire risk assessor should signed off the fire risk assessment accordingly</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Fire risk assessment highlights no issues around door locking arrangements. Manager confirmed that WHSCT Fire Safety Advisor satisfied with arrangements.</p>	Met
<b>Previous Inspection Recommendations</b>		<b>Validation of Compliance</b>
<b>Recommendation 1</b>  <b>Ref:</b> Standard 27.1	<p>Undertake the planned remedial works to address the issue of moisture damage in the en-suite shower rooms.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  PVC cladding fitted to shower walls at areas which appeared to be affected by dampness at that time. Subsequently it has become apparent that the problem lies with the floor finishes where they meet the drainage outlets. Remedial works have been carried out to one shower to confirm that this is the issue and pending the outcome, the Property Service Officer stated that further works are planned to address the problem in all en-suite shower rooms. See 5.3 item 1 below and requirement 1 in attached QIP.</p>	Met
<b>Recommendation 2</b>  <b>Ref:</b> Standard 27.1	<p>Carry out redecoration to areas of the home where finishes have become scuffed/damaged as appropriate.</p> <hr/> <p><b>Action taken as confirmed during the inspection:</b>  Redecoration carried out throughout the home since the last inspection.</p>	

<b>Recommendation 3</b>  Ref: Standard 27.7	Undertake appropriate measures to the catering facilities in liaison with the Local Authority Food Hygiene inspectors with a view to improving the rating.	Met
	<b>Action taken as confirmed during the inspection:</b> Catering facilities have achieved a five star rating from the Local Authority Food Hygiene inspectors since the previous inspection.	

<b>Number of Requirements</b>	<b>2</b>	<b>Number Recommendations:</b>	<b>0</b>
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### 5.3 Standard 27: Premises and Grounds

#### Is Care Safe? (Quality of Life)

A range of documentation in relation to the maintenance and upkeep of the premises was presented for review during this Estates inspection. This documentation included inspection and test reports for various elements of the engineering services and risk assessments. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Is Care Effective? (Quality of Management)

A range of accommodation, facilities and support services is provided in the premises. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Is Care Compassionate? (Quality of Care)

The areas of the premises reviewed during this Estates inspection were well presented, clean and free from malodours. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

#### Areas for Improvement

1. The home's en-suite shower rooms require further works to address a problem with drainage as described in the previous inspection findings section above (5.2 recommendation 1).  
See requirement 1 in the attached Quality Improvement Plan.

2. The decorative finishes to House 1 show signs of wear and tear, mainly due to the passage of a wheelchair. Worst affected areas include door reveals and other corners where impact damage is evident. See requirement 2 in the attached Quality Improvement Plan.
3. Inspection and testing of the fixed wiring installation was last carried out in May 2010. See requirement 3 in the attached Quality Improvement Plan.
4. Records of checks to hot water outlets for the proper operation of thermostatic mixing valves lack detail and do not appear to include checks to wash hand basins. See requirement 4 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>4</b>	<b>Number Recommendations:</b>	<b>0</b>
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#### **5.4 Standard 28: Safe and Healthy Working Practices**

##### **Is Care Safe? (Quality of Life)**

A range of documentation relating to the safe operation of the premises, installations and engineering services was presented for review during this Estates inspection. This supports the delivery of safe care.

##### **Is Care Effective? (Quality of Management)**

The nature and needs of the residents are considered as part of the risk assessment processes and this is reflected in the management of the home. This supports the delivery of effective care.

##### **Is Care Compassionate? (Quality of Care)**

There are health and safety procedures and control measures in place which support the delivery of compassionate care.

##### **Areas for Improvement**

Not applicable.

<b>Number of Requirements</b>	<b>0</b>	<b>Number Recommendations:</b>	<b>0</b>
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#### **5.5 Standard 29: Fire Safety**

##### **Is Care Safe? (Quality of Life)**

A range of fire protection measures are in place for the premises. This includes a fire detection and alarm system, emergency lighting, first aid fire-fighting equipment, structural fire separation and protection to the means of escape. This supports the delivery of safe care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

### Is Care Effective? (Quality of Management)

The standard used by the registered person to determine the overall level of fire safety within the premises takes account of the interaction between the physical fire precautions, the fire hazards, the number of residents, the management policies and the availability of adequately trained staff. This standard has been referenced in the fire risk assessment which was carried out by a fire risk assessor holding recognised professional accreditation. This supports the delivery of effective care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

### Is Care Compassionate? (Quality of Care)

The standard used by the registered persons to determine the extent of fire safety protection measures that are appropriate for the premises recognises the need to maintain a homely, non-institutionalised environment. This supports the delivery of compassionate care.

[A number of issues were however identified for attention during this Estates inspection. These are detailed in the 'areas for improvement' section below.]

### Areas for Improvement

1. Records presented indicate that In-house function checks to the emergency lighting installation had lapsed. See requirement 6 in the attached Quality Improvement Plan.
2. Records presented indicate that servicing of the fire alarm and detection system is arranged over two visits per year. See recommendation 1 in the attached Quality Improvement Plan.

<b>Number of Requirements</b>	<b>1</b>	<b>Number Recommendations:</b>	<b>1</b>
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### 5.6 Additional Areas Examined

Not applicable.

### 6. Quality Improvement Plan

The issue(s) identified during this inspection are detailed in the QIP. Details of this QIP were discussed with the Home Manager, Desy Carton as part of the inspection process. The timescales commence from the date of inspection.

The registered person/manager should note that failure to comply with regulations may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered person/manager to ensure that all requirements and recommendations contained within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of your premises. The registration is not transferable so that in the event of any



future application to alter, extend or to sell the premises the RQIA would apply standards current at the time of that application.

## **6.1 Statutory Requirements**

This section outlines the actions which must be taken so that the registered person/s meets legislative requirements based on The HPSS (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, The Residential Care Homes Regulations (Northern Ireland) 2005.

## **6.2 Recommendations**

This section outlines the recommended actions based on research, recognised sources and Residential Care Homes Minimum Standards 2011. They promote current good practice and if adopted by the registered person may enhance service, quality and delivery.

## **6.3 Actions Taken by the Registered Manager/Registered Person**

The QIP should be completed by the registered manager to detail the actions taken to meet the legislative requirements stated. The registered person will review and approve the QIP to confirm that these actions have been completed by the registered manager. Once fully completed, the QIP will be returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) and assessed by the inspector.

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and weaknesses that exist in the home. The findings set out are only those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not absolve the registered person/manager from their responsibility for maintaining compliance with minimum standards and regulations. It is expected that the requirements and recommendations set out in this report will provide the registered person/manager with the necessary information to assist them in fulfilling their responsibilities and enhance practice within the home.

Quality Improvement Plan	
Statutory Requirements	
<b>Requirement 1</b>  <b>Ref:</b> Regulation 27 (2)(b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	<p>Carry out remedial works to the en-suite shower rooms and reinstate decorative finishes to a suitable condition.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  A project appraisal to carry out full remedial works to the the en-suite shower rooms has been completed by the Choice Housing Property Services Officer. The appraisal will be discussed at the next SMT meeting at Choice and when approved, the Property Services Officer will carry out site visits with the MTC contractor to discuss works required and formalise a programme of works to fit around the clients needs in the scheme. We would envisage the works to take approximately 10 weeks.</p>
<b>Requirement 2</b>  <b>Ref:</b> Regulation 27 (2)(b)  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	<p>Carry out redecoration in House 1 and elsewhere as necessary. Consideration should be given to providing finishes offering suitable impact protection to areas likely to be affected by the passage of wheelchairs.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Choice Housing Property Services Officer has arranged for a joint site visit to take place with the MTC contractor w/c 19/10/15 to discuss painting house 1. On receipt of the quote, consideration will be given to the further 3 houses, a project appraisal will be drafted and SMT will need to approve.</p>
<b>Requirement 3</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> 27 November 2015	<p>Carry out Inspection and testing of the fixed wiring installation in line with the provisions of BS7273.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Electrical report was provided to RQIA Officer on site. Choice confirm they will provide new fixed wire test certification before the completion date.</p>
<b>Requirement 4</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> as soon as practically possible	<p>Carry out review of the recording of the staff checks to hot water outlets. Records should include checks to wash hand basins used and accessible to residents.</p> <p><b>Response by Registered Manager Detailing the Actions Taken:</b>  Recording of these checks has now been amended to include checks to wash hand basins used by residents.</p>

<b>Requirement 5</b>  <b>Ref:</b> Regulation 27 (4)(d)(iv)  <b>Stated:</b> First time  <b>To be Completed by:</b> as soon as practically possible	Carry out monthly function checks to the emergency lighting installation and retain records of same in line with the provisions of BS5266.  <b>Response by Registered Manager Detailing the Actions Taken:</b> This will be implemented and recorded on a monthly basis as requested.		
<b>Requirement 6</b>  <b>Ref:</b> Regulation 27 (2)(q)  <b>Stated:</b> First time  <b>To be Completed by:</b> 16 September 2015	Provide confirmation that the range of control measures outlined in the legionellae risk assessment are in place and provide details of same.  <b>Response by Registered Manager Detailing the Actions Taken:</b> There is currently a legionella management system in place at the scheme and monthly checks are carried out by HBE consultants as per the annual contract - copy of contract will be sent to Scheme manager.		
<b>Recommendations</b>			
<b>Recommendation 1</b>  <b>Ref:</b> Standard 29.2  <b>Stated:</b> First time  <b>To be Completed by:</b> as soon as practically possible and ongoing	Carry our annual servicing of the fire alarm and detection system over four quarterly visits.  <b>Response by Registered Manager Detailing the Actions Taken:</b> Choice will be carrying this work out quarterly as per service contract.		
Registered Manager Completing QIP	Desy Carton	Date Completed	16.10.15
Registered Person Approving QIP	<i>Deanne Hays</i>	Date Approved	22.10.15
RQIA Inspector Assessing Response	<i>P. C. H.</i>	Date Approved	*30/10/15

*\*Please ensure the QIP is completed in full and returned to [estates.mailbox@rqia.org.uk](mailto:estates.mailbox@rqia.org.uk) from the authorised email address\**

*\* Issues to be followed up and clarification required by RQIA Estates team.*